

# APPLICATION PROCEDURE CHECKLIST FOR MISSOURI TEACHING CERTIFICATE

Your completed application packet must include each of the following items:

☐ **APPLICATION FORM**

Complete Section I, parts A-E. Processing time varies from 2-6 weeks depending on application activity!

☐ **INSTITUTIONAL RECOMMENDATION**

After completing Section I of the application form, you must forward it to the certification officer at the institution where you completed your **initial** teacher education program. The certification officer must complete Section II and return it TO YOU in a sealed and signed envelope. The unopened envelope(s) must be included with your application packet.

☐ **TRANSCRIPTS**

Official transcripts from **ALL** institutions attended must be provided. Please request that all transcript(s) be sent TO YOU in a sealed and signed envelope. The unopened envelope(s) must be included with your application packet. Transcripts may be submitted by the college or university when the institution will not send official transcripts to the applicant.

**NOTE:** An overall minimum grade point average of 2.5 on a 4.0 scale is required for initial certification and also in each additional area of certification.

☐ **VERIFICATION OF APPROVED TEACHING EXPERIENCE**

Teaching experience must be contracted and at least half-time employment. Substitute teaching, student teaching, college teaching, or serving as a teacher's aide or assistant does not qualify as teaching experience. Teaching experience must be documented on the enclosed Verification of Teaching Experience form. You may duplicate the form as needed. The form must be signed by an official of the school system where you taught. The form(s) should be returned TO YOU in the school's official envelope. The unopened envelope(s) must be included with your application packet. **If you do not have approved teaching experience**, please write "none" across the form and return it.

☐ **VALID TEACHING CERTIFICATE(S)**

If you hold a valid teaching certificate(s) or license(s) in another state, you must include a notarized photocopy of the certificate(s) with your packet.

☐ **PRAXIS II SCORE REPORT**

The Praxis II Specialty Area Test is no longer required from out-of-state applicants; however, if you have test scores we request that they are submitted for each area of certification for which you are applying.

☐ **APPLICATION FEE**

Include with your application packet a \$50.00 certified check or money order made payable to "Treasurer, State of Missouri."

Personal checks and cash will not be accepted. **NOTE:** This fee is for processing your application and cannot be refunded nor does it guarantee that a certificate will be issued.

☐ **BACKGROUND CHECK**

Please refer to the enclosed Background Check Procedures checklist. Any questions regarding this portion of the application process must be directed to the Professional Conduct and Investigations Section at 573/522-8315. Enclose a certified check or money order for \$38 made payable to "Treasurer, State of Missouri". You may request a background check packet from the following web address <http://www.dese.mo.gov/divteachqual/teachcert/aprequest1.html>.

Collect all required documentation and return it in a **SINGLE PACKET**. The application form, transcript(s), and teaching experience form(s) must be received in our office in sealed, official envelopes. The items become the property of the Department of Elementary and Secondary Education and will not be returned or released to other agencies..

**PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE!** An incomplete packet will not be processed. Mail the complete application packet to:

**Educator Certification**  
**Post Office Box 480**  
**Jefferson City, MO 65102-0480**  
<http://dese.mo.gov>

You can check the status of your application on our website at <http://dese.mo.gov/divteachqual/teachcert/>

**Do not use this application for counseling, school psychologist, school psychological examiner, vocational or adult education certification.**



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION  
EDUCATOR CERTIFICATION  
POST OFFICE BOX 480  
JEFFERSON CITY, MISSOURI 65102-0480  
(573) 751-0051

**APPLICATION FOR INITIAL MISSOURI TEACHING CERTIFICATE FOR NON-MISSOURI GRADUATES**

**SECTION I: TO BE COMPLETED BY APPLICANT. DO NOT USE THIS APPLICATION FOR COUNSELING, SCHOOL PSYCHOLOGIST, SCHOOL PSYCHOLOGICAL EXAMINER, OR ANY OTHER NON-CLASSROOM CERTIFICATION.**

**A. VITAL INFORMATION**

*SOCIAL SECURITY NUMBER		<input type="checkbox"/> ENCLOSED IS \$50 CERTIFIED CHECK OR MONEY ORDER for application processing  <input type="checkbox"/> IF 4 OR MORE YEARS TEACHING EXPERIENCE, enclose a check or money order for \$35 to request the "Career" level of certification FUNDS ARE PAYABLE TO: Treasurer, State of Missouri
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)		
ALL MAIDEN/FORMER NAMES		
STREET ADDRESS		
CITY, STATE, ZIP CODE		
DATE OF BIRTH	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	PHONE NUMBERS H (     )     W (     )

**B. LIST ALL STATES WHERE YOU HOLD OR HAVE HELD A TEACHING CERTIFICATE.**

<hr/> <hr/>	<b>ENCLOSE A NOTARIZED COPY OF EACH CERTIFICATE.</b>
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**C. MISSOURI AREA(S) OF CERTIFICATION REQUESTED.**

SUBJECT AREA	GRADE LEVELS
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**D. PROFESSIONAL CONDUCT (ALL QUESTIONS MUST BE ANSWERED).**

Applicants must submit two (2) full sets of fingerprints. Fingerprint cards must be obtained from and returned to the Missouri Department of Elementary and Secondary Education, Conduct & Investigations, PO Box 480, Jefferson City, MO 65102-0480 and may be completed by any law enforcement agency. Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
A. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?	<input type="checkbox"/>	<input type="checkbox"/>
C. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

\*View the Social Security number disclosure notice at <http://dese.mo.gov/schoollaw/freqaskques/SSNusage.htm>

**E. SWORN AFFIDAVIT**

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

LEGAL SIGNATURE OF APPLICANT	DATE
------------------------------	------

**ORIGINAL SIGNATURE REQUIRED – NO FAXES OR PHOTOCOPIES!**

<http://dese.mo.gov>

**SECTION II: THIS SECTION MUST BE COMPLETED BY THE CERTIFICATION OFFICER OF THE STATE-APPROVED TEACHER EDUCATION INSTITUTION WHERE THE INITIAL TEACHER EDUCATION PROGRAM WAS COMPLETED.**

Please carefully complete the information in this section regarding this applicant. To be valid, this form must be signed by the Certification Officer, Dean of the College or School of Education, the Chairman of the Education Department, or the Dean's designee at the institution where the applicant completed his/her teacher preparation program and certification program. A stamped signature must be initialed by the person using the stamp. Please verify your information with your school seal.

**A. LIST ALL COLLEGES AND UNIVERSITIES WHERE THE APPLICANT COMPLETED COURSEWORK.****NOTE: SEE APPLICANT'S RELEASE STATEMENT IN SECTION I.**

NAME OF COLLEGE/UNIVERSITY	STATE	DEGREE	YEAR	DATES OF ATTENDANCE	TOTAL HOURS ATTEMPTED	TOTAL HOURS COMPLETED	TOTAL QUALITY POINTS
					<b>TOTALS</b>		
					<b>OVERALL GPA</b>		

**B. LIST PRAXIS II TEST AREAS AND SCORES – IF REQUIRED BY STATE ISSUING ORIGINAL CERTIFICATE(S)**

PRAXIS II Specialty Area Test(s)

\_\_\_\_\_  
SUBJECT\_\_\_\_\_  
SCORE\_\_\_\_\_  
SUBJECT\_\_\_\_\_  
SCOREPRAXIS II Principles of Learning and Teaching Test ☐ 5-9 ☐ 7-12\_\_\_\_\_  
SCORE**C. MAKE THE FOLLOWING RECOMMENDATION(S) BASED UPON YOUR STATE-APPROVED TEACHER EDUCATION PROGRAM WHICH THE APPLICANT HAS COMPLETED AT YOUR INSTITUTION.**

A. I verify that this applicant has completed our state-approved teacher education program(s) in the major area(s) of:

\_\_\_\_\_  
GRADE LEVEL      \_\_\_\_\_  
SUBJECT AREA      \_\_\_\_\_  
GRADE LEVEL      \_\_\_\_\_  
SUBJECT AREA

B. I verify that this applicant has completed our state-approved teacher education program(s) in the added endorsement area(s) of:

\_\_\_\_\_  
GRADE LEVEL      \_\_\_\_\_  
SUBJECT AREA      \_\_\_\_\_  
GRADE LEVEL      \_\_\_\_\_  
SUBJECT AREA

C. I verify that this applicant has a minimum overall GPA of 2.5 on a 4.0 scale

☐ YES ☐ NO

D. I verify that this applicant has been or can be recommended for a full teaching certificate in our state.

☐ YES ☐ NO

RECOMMENDING INSTITUTION	CERTIFICATION OFFICER'S SIGNATURE	DATE
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**D. STATE-APPROVED TEACHER EDUCATION PROGRAM APPROVAL INFORMATION**

FIRST YEAR STATE APPROVAL WAS GRANTED		DATE CURRENT STATE APPROVAL EXPIRES
REGISTRAR'S SIGNATURE	NAME OF INSTITUTION	AFFIX OFFICIAL STAMP OR SEAL HERE
PRINT/TYPE REGISTRAR'S NAME	ADDRESS OF INSTITUTION	
DATE	PHONE NUMBER (       )	

**PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED AND SIGNED ENVELOPE.****ORIGINAL SIGNATURES REQUIRED – NO FAXES OR PHOTOCOPIES**



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION  
EDUCATOR CERTIFICATION  
POST OFFICE BOX 480  
JEFFERSON CITY, MISSOURI 65102-0480  
(573) 751-0051

### VERIFICATION OF TEACHING EXPERIENCE

#### SECTION I: TO BE COMPLETED BY APPLICANT. APPLICANT MUST SEND THIS FORM TO ALL EMPLOYERS TO VERIFY CONTRACTED TEACHING EXPERIENCE.

SOCIAL SECURITY NUMBER\*

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE ☐

FEMALE ☐

PHONE NUMBERS

H ( )

W ( )

\*View the Social Security number disclosure notice at <http://dese.mo.gov/schoollaw/freqaskques/SSNUsage.htm>

I hereby give my former and/or current employer permission to release any and all information required in Section II.

LEGAL SIGNATURE OF APPLICANT

DATE

#### SECTION II: TO BE COMPLETED BY EMPLOYING SCHOOL SYSTEM

The above named individual was employed as a teacher in our school system as verified below.

BEGINNING DATE OF EMPLOYMENT

ENDING DATE OF EMPLOYMENT

TOTAL YEARS TAUGHT

SUBJECT AREA(S) TAUGHT

GRADE LEVEL(S)

SUBJECT AREA(S) TAUGHT

GRADE LEVEL(S)

NAME OF SCHOOL SYSTEM

SCHOOL ADDRESS

CITY, STATE, ZIP

ADMINISTRATOR'S NAME (PRINT OR TYPE)

ADMINISTRATOR'S POSITION

SCHOOL PHONE NUMBER

ADMINISTRATOR'S SIGNATURE

DATE

**NOTE:** Teacher certification in Missouri is designed as a two-level plan. Teachers are issued the appropriate level according to the number of years of teaching experience and the level of education. **Experience must be contracted and at least half-time. Substitute teaching or serving as a teacher's aide or assistant cannot be counted.**

**PLEASE RETURN THIS FORM TO THE TO THE APPLICANT IN A SEALED OFFICIAL SCHOOL ENVELOPE.**

**THIS FORM MAY BE DUPLICATED FOR ADDITIONAL EMPLOYERS**  
**Original Signatures Required – No faxes or photocopies!**  
<http://dese.mo.gov>